

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aloha ARCH	<b>CHAPTER 100.1</b>
<b>Address:</b> 86-107 Hoaha Street, Waianae, Hawaii, 96792	<b>Inspection Date:</b> December 2, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1- Order of Miralax 17 grams 1 tsbp with 8oz of water QD changed to Miralax 17 grams 1 tsbp with 8oz of water PRN on 1/9/19. Medication changed not reflected on January 2019 MAR and February 2019 MAR.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1- Order of Miralax 17 grams 1 tsbp with 8oz of water QD changed to Miralax 17 grams 1 tsbp with 8oz of water PRN on 1/9/19. Medication changed not reflected on January 2019 MAR and February 2019 MAR.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>upon arrival from the doctors office:</p> <ol style="list-style-type: none"> <li>1) CHO &amp; SCG will transcribe / carry out M.D. new order / changes in the MAR &amp; document the new changes in the progress notes.</li> <li>2) CHO &amp; SCG will re-label the bottle &amp; new order with out covering the label &amp; put rubber band to keep it in place. on 1/9/19 MIRALAX 17 grams 1tsbp in 8oz of water PRN</li> <li>3) I will use post it reminder left to MD- record of visit form to transcribe new changes upon arrival to home.</li> <li>4) asked my case manager - on her monthly visit to double check CHO &amp; SCG worked as a quality assurance &amp; for continuation of quality care.</li> <li>5) talked to 5min pharmacist - about new order of meds &amp; dosage</li> <li>6) Highlight my calendar date of M.D.'s visit &amp; check missing documents.</li> <li>7) CHO &amp; SCG will remind each other, learn from each other.</li> </ol>	12/3/19

Licensee's/Administrator's Signature: Marlyn Acera

Print Name: MARLYN ACERAY

Date: 12/17/19